

Volunteer Application (Student Use Only)

PERSONAL DATA										
Name:	Gender: Male Female Other									
, , , , , , , , , , , , , , , , , , , ,	Country of Origin:									
	State: Zip:									
Home phone: ()	Cell phone: ()									
Emergency contact:										
Home phone: ()	Cell phone: ()									
BACKGROUND AND INTERESTS										
Current School/Occupation:Special skills/ interests, including	g software applications:									
Level of education and or trainin (a) Elementary Mide	·									
(b) Undergraduate/Graduate Ma	(b) Undergraduate/Graduate Major and Degree:									
. ,										
What is motivating you to volunt	- The tale your goals:									
School Community Service (SS	SL): Y N									
What is your first/native languagIn what other languages can you	e?u comfortably communicate? Please check "S" for spoken and "W" for written									
S W English S	W Spanish S W Chinese S W Korean									
S W Vietnamese S	W French S W Amharic S W Farsi									
S W Arabic S	W other:									
VOLUNTEER WORK INTERESTS										
Which volunteer positions are m	ost interesting to you? (Check all that apply)									
Customer Service	Data Entry Event Helper									
Web Design	Photo/Videography Reception									
Teaching Aide	Researching Community Resources									
General Clerical	Other:									

PLEAS	SE ATTACH A CO	PY OF YOU	IR RESUM	E:							
F	Resume attached I do not have a resume										
AVAIL	ABILITY Do you prefer to v	work from yo	our home o	r office?	home	office	Both				
LOCA	TION AND TIME P	REFERENC	CE (check	all that app	oly)						
V	Vheaton	East Count	у	Gaitherst	ourg	German	town				
Γ		Sun	Mon	Tue	Wed	Thu	Fri	Sat			
9	AM - 12 Noon										
1	2 Noon - 3 PM										
3	PM - 6 PM							closed			
6	PM - 9 PM							closed			
•	Are there times w	-	nnot volunt	eer?		ne time ever	nt	Negotiable			
	OTE: Please note th	iat we serve	e primarily a	an adult age	e group.						
• •	I consent to the C Immigrant Resou I understand that medical or other r I acknowledge that	rce Center. if I require a needs with t	an accomm he person i	odation to p	erform my ior to begin	volunteer as ning the ass	signment,	I need to dis			
	Volunteer Signatu	ıre:				Date: _					
	If the above is unrequired.	nder age 18	3, a parent	/guardian s	si gnature a	nd disclosur	e of volunt	teer applicant	: age is		
	Parent/Guardian	Name:					Date:				
	Parent/Guardian	Signature: _									
	Return this applic	ation to:									
		1100)2 Veirs Mil	hrist Immig I Rd, Suite Iand 20902		ce Center					

Or print, scan and e-mail this form to: <u>GilchristCenter@montgomerycountymd.gov</u>